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7590

12/16/2004

GEORGE O. SAILE
28 DAVIS AVENUE
POUGHKEEPSIE, NY 12603

02/18/2005 MBERHE1 00000134 190033 10638235

01 FC:1501 1400.00 DA
02 FC:1504 300.00 DA
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<i>Stephen B. Alkerman</i>	(Depositor's name)
<i>Feb 17 2005</i>	(Signature)
<i>February 17, 2005</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/638,235	08/08/2003	Chaoyong Li	IME02-014	4101

TITLE OF INVENTION: METHOD TO FORM COPPER SEED LAYER FOR COPPER INTERCONNECT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	03/16/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
THAI, LUAN C	2829	438-638000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 *George D. Saile*
2 *Stephen B. Alkerman*
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

*AGENCY FOR SCIENCE, TECHNOLOGY
AND RESEARCH*

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Singapore, Singapore

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number *19-0033* (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Stephen B. Alkerman*

Date *2/15/05*

Typed or printed name *Stephen B. Alkerman*

Registration No. *37,761*

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